

\$500.00

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A26309



1. Entity Name
BETHAMY LIVING CENTER LIMITED PARTNERSHIP

FILED
07 JAN 23 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046
Mailing Address
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046



2. Principal Place of Business - No P.O. Box #
7150 Columbia Gateway Dr.
Suite, Apt. #, etc.
Suite J
3. Mailing Address
7150 Columbia Gateway Dr.
Suite, Apt. #, etc.
Suite J

01102007 Chg-LP CR2E003 (12/06) 07

City & State
Columbia, MD
Zip
21046
Country

4. FEI Number
59-2897332
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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01/29/07--01007--023 **1400.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

Table with 2 main columns: 12. GENERAL PARTNER INFORMATION and 13. ADDRESS CHANGES ONLY. Row 1 contains data for BETHAMY LIVING CTR MGMT at 7125 THOMAS EDISON DRIVE, SUITE 225, COLUMBIA, MD 21046. Row 2 contains handwritten address change data: 7150 Columbia Gateway Drive, Ste J, Columbia, MD 21046.

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] TIM TRYBUS 1/10/07 442.539.2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #